

253675

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

OLD -  
MEDICAL TRANSPORTATION SERV L.P.

NAME CHANGE

MYRTLE BEACH AIRPORT  
SHUTTLE L.L.P.

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

## DOCKET

NUMBER: 2014-211-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

CHERYL KALIN

Telephone:

800-699-7684

Address:

104 HIGH CIRCLE  
APT 8B

Fax:

Other:

MYRTLE BEACH SC 29872

Email:

INFO@MYRTLEBEACHAIRPORTSHUTTLE

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☐ Application - Class C Non-Emergency
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☒ Request for Name Change on Certificate

- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other: \_\_\_\_\_

RECEIVED

DEC - 1 2014

TRANS DEPT

## CLASS C AMENDMENT FORM

File the original with:

Public Service Commission of South Carolina  
Clerk's Office  
Motor Carrier Matters  
P.O. Box 11649  
Columbia, S.C. 29211  
(803) 896-5100  
FAX (803) 896-5199

Mail or fax a copy to:

S.C. Office of Regulatory Staff  
Transportation Department  
1401 Main Street, Suite 900  
Columbia, S.C. 29201  
(803) 737-0578  
FAX (803) 737-0815

**RECEIVED**

DEC - 1 2014

DATE: 11-25-14**TRANS DEPT**

I have the following Certificate:

☐ Class C Taxi # \_\_\_\_\_ ☒ Class C Charter # 8900 ☐ Class C Charter Bus # \_\_\_\_\_

☐ Class C Non-Emergency # \_\_\_\_\_

Please consider this as my request for the following amendment(s) to my Certificate:

☒ Name Change

From: MEDICAL TRANSPORTATION SERVICE L.L.P.

DBA: MYRTLE BEACH CHARTER TRANSPORTATION

TO: MYRTLE BEACH AIRPORT SHUTTLE L.L.P.  
(Current Name) (New Name)

DBA: MYRTLE BEACH CHARTER TRANSPORTATION  
(Current DBA if applicable) (New DBA if applicable)

☐ Scope of Authority

From: \_\_\_\_\_  
(Current Scope)

To: \_\_\_\_\_  
(New Scope)

☐ Passenger Limit

From: \_\_\_\_\_  
(Current Limit Number)

To: \_\_\_\_\_  
(New Limit Number)

MYRTLE BEACH AIRPORT SHUTTLE LLP  
MYRTLE BEACH CHARTER TRANSPORTATION

104 HILLY CR  
APT 8B  
MYRTLE BEACH SC 29572  
(Street and/or Mailing Address)

Name &amp; DBA if DBA is applicable)

MYRTLE BEACH SC 29572  
(City, State, Zip Code)

Cheryl Kly  
(Signature)

800-699-7684  
(Telephone Number)

OWNER  
(Title) Owner, President, etc.

CERTIFIED TO BE A TRUE AND CORRECT COPY  
AS TAKEN FROM AND COMPARED WITH THE  
ORIGINAL ON FILE IN THIS OFFICE

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

NOV 18 2014

ARTICLES OF AMENDMENT  
Limited Liability Partnership - Domestic and Foreign  
Filing Fee - \$10.00

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

**TYPE OR PRINT CLEARLY IN BLACK INK**

Pursuant S.C. Code of Laws, the undersigned limited liability partnership adopts the following amendments.

1. The name of the limited liability partnership is Medical Transportation Service L.L.P.
2. If the limited liability partnership is a domestic entity, enter the date that the certificate of limited partnership was issued 05-12-2014
3. If the limited liability partnership is a foreign entity, enter the state or country of organization and the date that the limited partnership was organized in that state or country.

DOMESTIC

State or Country of Organization

DOMESTIC

Date of Organization

4. On 11/05/2014 (date), the limited liability partnership adopted the following amendments:  
(Type or attach the complete text of each Amendment.)

**RECEIVED**

DEC - 1 2014

**TRANS DEPT**

Changed Name to Myrtle Beach Airport Shuttle L.L.P.

5. Unless a delayed date is specified, the effective date of these Articles of Amendment shall be the date of acceptance for filing by the Secretary of State (See S.C. Code of Laws §33-1-230(b)).

Date 11-05-2014

*Cheryl Lynn Kalin*  
Signature of Partner

Cheryl Lynn Kalin

Print Name

*Jay Frank Kalin*  
Signature of Partner

Jay Frank Kalin

Print Name

LLP - Domestic and Foreign - Articles of Amendment

141121-0222

MYRTLE BEACH AIRPORT SHUTTLE L.L.P.

Filing Fee: \$10.00 ORIG

Mark Hammond

South Carolina Secretary of State